PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number

Effective January 1, 2003

NOB-1102A

(Column 1) (Column 2)								SMALL ENTITY TYPE		OB	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			214		100.0.		ı	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE		OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			7_4 minus 20=		* U			X\$ 9=		OR	X\$18=	72
INDEPENDENT CLAIMS			3 minus 3 =		*					UH		1 -
MULTIPLE DEPENDENT CLAIM P								X42=		OR	X84=	
IVIO	LIIPLE DEPEN		- LOCIVI					+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			olumn 2	•	TOTAL		OR	TOTAL	722
CLAIMS AS AMENDED - PART II											OTHER	
		(Column 1)	(Colum					SMALL ENTITY		OR	SMALL	NTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CL AIM	=		X42=		OR	X84=	
	ring i Friese	INTATION OF IMI	JLIIPLE DEI	ENDEN	CLAIN			+140=		OR	+280=	
										OR	TOTAL	
(Column 1) (Column 2) (Column 3)											ADDIT. FEE	
_		CLAIMS		HIGH	EST		1		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On		
·							L	+140=	:	OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*-	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=]	X42=			X84=	
2	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							7.42-		OR	7,04-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE												
		nber Previously Pa					er fou	nd in the app	ropriate box	c in co	lumn 1.	